



13281 U.S. PTO

120303

UTILITY PATENT APPLICATION TRANSMITTAL

□ DUPLICATE

Address to:

Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Attorney Docket No.

SIGU3013/JEK/JJC

First Named Inventor
(or identifier)

SIGURJONSSON

Total Pages

61

Transmitted herewith is a patent application under 37 CFR 1.53(b).

Entitled:

WOUND DRESSING HAVING A FACING SURFACE WITH VARIABLE
TACKINESS

- ☒
1. Submitted herewith are the following:

42 pages of specification.☒ Abstract.10 sheet(s) of drawings.20 claim(s).☒ Oath/Declaration signed by each inventor.☒ Application Data Sheet.☐ Preliminary Amendment.☒ Information Disclosure Statement(s).3 pages of Form PTO-1449, and one copy of each foreign document listed thereon.☒ Assignment of the invention, Cover Sheet, and payment of the \$ 40.00 recordal fee.☐ certified copy of application no. _____ filed in _____. Priority is claimed.☒ check in the amount of \$ 810.00 including any assignment recordal fee.

- ☐
2. SMALL ENTITY STATUS IS ASSERTED pursuant to 37 CFR 1.27 for this application.

- ☒
3. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17, to Deposit Account No. 02-0200.

- ☐
4. Insert before the first sentence of the specification: -- This application claims the benefit of provisional application number _____ filed _____. --

- ☐
5. Insert before the first sentence of the specification: -- This application is a Continuation-in-part of nonprovisional application number _____ filed _____. --

- ☐
6. Other: _____

The registered practitioners representing applicant(s) are J. Ernest Kenney, Reg. No. 19,179; Eugene Mar, Reg. No. 25,893; Richard E. Fichter, Reg. No. 26,382; Thomas J. Moore, Reg. No. 28,974; Joseph DeBenedictis, Reg. No. 28,502; Benjamin E. Urcia, Reg. No. 33,805 and Justin J. Cassell, Reg. No. 46,205.

THE FILING FEE IS CALCULATED AS FOLLOWS:

Basic Fee: \$770.00

Total Claims: 20 - 20 = 0 X \$18 = \$0.00

Independent Claims: 2 - 3 = 0 X \$86 = \$0.00

Correspondence Address:

23364

Customer Number

Multiple Dependent Claim (add \$290.00):

Subtotal: \$770.00

50% Reduction if Small Entity Status:

Phone: 703-683-0500

Fax: 703-683-1080

Total: \$770.00

Date:

Name:

Signature:

Reg. No.

December 3, 2003

JUSTIN J. CASSELL

46,205

15757 U.S. PTO
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